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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731850 (4)
1. Corporation Name
OASIS - A CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O MIAMI MANAGEMENT 14538 S.W. 119 AVENUE MIAMI FL 33186 14275 SW 142ND AVE. MIAMI FL 33186

3. Date Incorporated or Qualified 02/12/1975
4. FEI Number 59-1654125 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 C/O Courtesy Prop Mgmt Suite, Apt. #, etc. 26 Courtesy Prop Mgmt. Suite, Apt. #, etc.
22 9380 SUNSET DR B-250 City & State 27 9380 SUNSET DR B-250 City & State
23 MIAMI, FL 33173 28 MIAMI, FL 33173
24 Zip 25 Country 29 Zip 30 Country

5. Certificate of Status Desired [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [] \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? [X] Yes [] No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [X] Yes [] No

9. Name and Address of Current Registered Agent
ARIAS, MARIA
SIEGRFRIED, KIPNIS, RIVERA ET AL
201 ALHAMBRA CIRCLE SUITE 1102
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
81 Name WILLIAM MOTYCZKA, ESO
82 Street Address (P.O. Box Number is Not Acceptable) 13410 SW 128 STREET
83 MIAMI, FL. 33186
84 City 85 Zip Code FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE 1/14/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP/D
NAME	ENRIQUEZ, FERNANDO	1.2 NAME	FONTICIELLA, NELDA
STREET ADDRESS	4718 SW 67TH AVE B-6	1.3 STREET ADDRESS	4722 SW 67 AVENUE, #A-11
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIAMI, FL. 33155
TITLE	VPD	2.1 TITLE	D
NAME	ALVAREZ, SANDRA	2.2 NAME	ALVAREZ, SANDRA
STREET ADDRESS	4714 SW 67 AVE, #C-3	2.3 STREET ADDRESS	4714 SW 67 AVENUE, #C-3
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI, FL. 33155
TITLE	T	3.1 TITLE	D
NAME	GUDE, VIVIAN	3.2 NAME	VERA, ESPERANZA
STREET ADDRESS	4728 SW 67 AVE J-2	3.3 STREET ADDRESS	4708 SW 67 AVENUE, #L-5
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI, FL. 33155
TITLE	D	4.1 TITLE	P
NAME	ANDERSON, ANA	4.2 NAME	BRUNO, MARY JO
STREET ADDRESS	419 MINORCA AVE	4.3 STREET ADDRESS	4728 SW 67 AVENUE #J-1
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33155
TITLE	D	5.1 TITLE	
NAME	ALVAREZ, TANIA R	5.2 NAME	
STREET ADDRESS	4716 SW 67 AVE, #-6	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	
NAME	GRUSHNYS, THOMAS	6.2 NAME	
STREET ADDRESS	4732 SW 67TH AVE. K-5	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6.4 CITY-ST-ZIP	

85 2/12/98

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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 2/15/98 3/5/98 638-1770

CR2E037 (10/97)